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Jax

U.S. DEPARTMENT OF COMMERCE
PATENT & TRADEMARK OFFICE

**REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL FORM (37 C.F.R. § 1.114)**

DOCKET NO.	APPLICATION SERIAL NO.	EXAMINER	ART UNIT
1662/52804	10/759,573	SIMON J. OH	1618

INVENTOR: **CLAUDE SINGER**

Address to:

Mail Stop RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on :

Date: Sept - 1, 2005

Signature: *Cynthia Hurley*

This is a **Request for Continued Examination** under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. 10/759,573, filed on January 16, 2004, entitled **STABLE GABAPENTIN HAVING PH WITHIN A CONTROLLED RANGE**.

The following constitute the submission **required** by 37 C.F.R. § 1.114(a) and is attached:

- ☐ (Preliminary) Amendment
☒ Information Disclosure Statement and Form PTO-1449
☐ Drawing Changes
☐ Other Submission: _____

1. The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.

	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA*	RATE (\$) PER CLAIM	FEE (\$)
BASIC FEE						790.00
TOTAL CLAIMS	11	20	20	0	50.00	0.00
INDEPENDENT CLAIMS	02	3	3	0	200.00	0.00
MULTIPLE DEPENDENT CLAIM					390.00	
				*Number extra must be zero or larger	TOTAL	790.00
If Applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here.						SMALL ENTITY TOTAL .00

2. Please charge the required RCE and submission filing fee of **\$ 790.00** to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.

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3. Applicant respectfully requests a ____-month extension of time in which to respond to the Office Action dated _____ for which a response period expiring on _____ was set. The extended period expires _____. The Commissioner is hereby authorized to charge payment of the 37 C.F.R. § 1.136(a) extension fee of \$____.00 to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.

4. The Commissioner is hereby authorized to charge payment of the fees, including any additional fees required, associated with this communication or arising during the pendency of this application, or to credit any overpayment, to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.

5. A duplicate copy of this transmittal form is enclosed.

Dated: 11/9/05, 2005
SEPT 1,

By: Respectfully submitted,

Craig L. Puckett
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